

## POST EVENT SUMMARY REPORT

---

**Name of Event: Caregiving – A Public Forum**

*Forum addressed WHCoA agenda items “Our Community” and “Health & Long Term Living.”*

Date of Event: May 10, 2005

Location of Event: St. Ignace, Michigan (Upper Peninsula)

Number of Persons Attending: 96 people

Sponsoring Organization: MI Office of Services to the Aging

Contact Name: Shirley K. Bentsen

Telephone #: 517.373.8765      E-mail: [bentsens@michigan.gov](mailto:bentsens@michigan.gov)

---

### **ISSUE STATEMENT #1**

Society's failure to recognize the importance and value of caregiving results in inadequate **education and training of informal and professional caregivers**. As a result, early caregiver burnout can lead to the potential for abuse and increased long term care costs. To ensure high quality and culturally sensitive long term care services, it is critical to provide adequate education and training to informal and professional caregivers.

### **Barriers**

- a) Many believe that the ability to give care comes naturally, and do not recognize the value of training to ease stress, minimize physical harm, extend functioning, and enhance the caregiving experience for caregivers and those who are dependent upon care provided.
- b) Gender, ethnicity, and culture affect how care is provided. Failure to recognize these differences often results in resistance from those who require care, high caregiver turnover, and systems that are unresponsive.
- c) Low wages and a lack of benefits result in high turnover and low satisfaction among paid caregivers.
- d) Grandparents and children's services are spread over disparate social service systems. There is currently no bridge to services for elderly and children.
- e) Service needs differ significantly for certain populations, and caregivers of persons with disease-specific conditions and kinship caregivers require specialized training and attention.

### **Proposed Solutions**

#### *Informal Caregivers*

- a) Increase the availability of funding for caregiver education and training through expansion of the National Family Caregiver Support Program. Respite must be accessible for informal caregivers during training.
- b) Develop supportive community systems to provide training for professionals, teachers, etc., to help grandparent/grandchildren families.

### *Professional Caregivers*

- a) Increase the availability of funding for training professional caregivers through Expansion of Department of Labor apprenticeship programs, and incentives through health insurance plans.

### **ISSUE STATEMENT #2**

**Employed caregivers, including those providing kinship care,** face increased stress and health problems, in addition to caregiving responsibilities. As caregiver stress often manifests itself first in the work place, employers need assistance in helping caregivers access information and support to prevent employee absenteeism, lost wages for the employee, and lost productivity costs for the employer.

### **Barriers**

- a) Many employers do not feel it is their responsibility to be concerned with issues that workers face outside the work place.
- b) Many employers lack knowledge of community resources and supports that may be available to assist their workers, and do not know how to access that help in the community.

### **Proposed Solutions**

- a) Develop and implement an education and awareness program that helps employers understand the caregiving issue, and the impact of the caregiving burden on business.
- b) Develop model programs and supports to assist employers in providing information on caregiving and resources available in local communities.

### **ISSUE STATEMENT #3**

**Caregivers of persons with dementia** need greater choice and access to affordable long term care in the setting that is most appropriate for the person needing care and best meets the family needs.

### **Barriers**

- a) Our current system of long term care reimbursement does not support access to less restrictive settings that are more appropriate for persons with dementia.
- b) Our current solutions – the National Family Caregiver Support Program and \$3,000 caregiver tax credit – are inadequate to meet the ongoing financial needs of caregivers caring for persons with dementia.

### **Proposed Solutions**

- a) Increase the availability of public-funded caregiver support services through expansion of the National Family Caregiver Support Program, and development of volunteer, faith-based, and employer-based support programs.

- b) Revise Medicaid reimbursement guidelines to include reimbursement for community-based support services and assisted living facilities, in addition to nursing care facilities and home health programs.
- c) Expand funding to develop more new models of volunteer respite programs, such as the Senior Companion, Retired and Senior Volunteer, Interfaith Caregiver, and Adult Day Programs.

#### **ISSUE STATEMENT #4**

Society inadequately prepares people to take on the **role of family caregiver**, and does not appropriately value or respect the caregiver. To adequately fulfill their role as caregivers, family members need to know how to identify needs and seek support early in the caregiving process.

#### **Barriers**

- a) Many informal caregivers are merely trying to be “good daughters, sons, or spouses,” and do not identify themselves as caregivers until very late in the caregiving process or are at a risk of burnout.
- b) Many fear the “woodwork effect” of public awareness and education around the issue of caregiving, in that increased demand for services will result, and systems will be unable to respond to expressed need.
- c) There is a lack of knowledge by grandparents of what services and resources are available.

#### **Proposed Solutions**

- a) Increase the availability of funding for public awareness and education programs through expansion of the National Family Caregiver Support Program. These programs should honor, respect, and value the role of caregivers to increase self-identification of caregivers, and promote awareness of caregiving issues.
- b) Support funding for a national 211 system for information and assistance.

#### **ISSUE STATEMENT #5**

Efforts to understand, recognize, and address **elder abuse, neglect, and financial exploitation** have not kept pace with a burgeoning aging population, thereby placing older adults at increased risk of victimization.

#### **Barriers**

- a) Most elderly who are frail or living with abusive persons are isolated from outside agencies that could provide assistance.
- b) Elderly are often unaware of alternative living arrangements or other resources available to assist them. There is a fear of being removed from their homes.
- c) Legal inability of social services agencies, including mental health, adult protective services, and aging service providers, to assist limited capacity, but legally competent, older adults.

- d) Limited resources/ability of community agencies to fully integrate elder abuse identification, prevention, and intervention strategies.
- e) Our current system of funding and staffing for older adult services is a mere fraction of that for children and domestic violence.

### **Proposed Solutions**

- a) Increase funding and other resources to use best practice models (i.e. child abuse) to better identify, prevent, and intervene in elder abuse. Particular emphasis should be placed on increased appropriations for existing elder abuse efforts, particularly the Social Services Block Grant and Title VII of the Older Americans Act (including the Native American Program).
- b) Mandatory reporting for employers of caregivers: expand mandatory reporting to include employers of all caregivers, and strengthen/evaluate adult protective services mandatory reporting law.

### **ISSUE STATEMENT #6**

Though primary care physicians and other health care professionals are in a unique position to intervene early to assess the needs of family caregivers and refer them to community support services, these **caregiver assessments and linkages** typically do not occur.

### **Barriers**

- a) Physician training emphasizes the patient-physician dyad rather than a triad, which includes assessing caregivers and their needs.
- b) Primary care physicians face severe time constraints in assessing and treating patients with multiple health care issues.
- c) Physician reimbursement is often not available for assessment, education, and referral of family caregivers.

### **Proposed Solutions**

- a) Restructure the Medicare Program to include reimbursement to physicians and other professionals for:
  - geriatric assessment that includes assessment of caregiver needs, and
  - management of chronic disease, including consultation with the family and coordination with community support services.
- b) Strengthen medical school curriculum and continuing medical education requirements to include critical caregiver issues, such as recognition of the caregiver role and the need for communication within the health care triad; assessment of caregiver need; the importance of early intervention to link patients and caregivers to needed community support services; and the broad continuum of long term care that extends beyond nursing facilities.

## **ISSUE STATEMENT #7**

**Caregivers, including kinship caregivers, need financial support and access to a broad array of support services** in order to prevent burnout, ease the financial burden associated with their caregiving responsibilities, and allow their loved ones to receive care in the setting of their choice.

### **Barriers**

- a) Tax credits lead to a loss of tax revenue, and there is little agreement among elected officials as to what the amount of a credit should be.
- b) Special interest groups may oppose consumer-directed programs that allow older adults more flexibility to live in the setting of their choice.
- c) Some believe that a potential for abuse would exist if family members were paid as long term care providers. Funds would need to be specifically allocated for monitoring and verification to ensure that system abuse does not occur and quality services are provided.
- d) In-home services are often expensive and may not meet the needs of working caregivers.
- e) There is a lack of specialized services available to grandparents raising grandchildren; traditional services, such as respite care and elder legal aid, are not available to this group.

### **Proposed Solutions**

- a) Allow “informal” family caregivers to be paid providers in long term care programs supported by public funds, such as the Home and Community-based Services Waiver for the Elderly and Disabled Program (HCBS/ED).
- b) Encourage adoption of federal law to expand tax incentives for caregivers, including those involved in kinship care.
- c) Support the enactment of H.R. 473 (federal), which would allow caregivers, including those involved in kinship care, to receive credits in the Social Security system while they are out of the workforce caring for loved ones.
- d) Offer financial and other incentives that encourage businesses to provide employee-friendly environments that support caregivers, such as flexible schedules, part-time opportunities, job sharing, and telecommuting.
- e) Increase the availability of public-funded caregiver support services through expansion of the National Family Caregiver Support Program, and support the development of volunteer, faith-based, and employer-based support programs.

## POST EVENT SUMMARY REPORT

---

**Name of Event: Economic Security for Older Adults – Public Forum**

*Topic addressed WHCOA agenda items “Planning Along the Lifespan” and “The Workplace of the Future.”*

Date of Event: April 21, 2005

Location of Event: Grand Rapids, Michigan

Number of Persons Attending: 118 people

Sponsoring Organization: Michigan Office of Services to the Aging

Contact Name: Shirley K. Bentsen

Telephone #: 517.373.8765 E-mail: [bentsens@michigan.gov](mailto:bentsens@michigan.gov)

---

### **ISSUE STATEMENT #1**

Concerns over the long term solvency of **Social Security** have rightfully moved that program to the top of the political agenda, and we must all work together to keep Social Security adequate, fair, and financially strong as an income insurance program for older Americans, disabled workers, and their survivors.

### **Barriers**

- a) Declining worker-to-retiree ratio is placing a strain on the system.
- b) Increasing life expectancies are increasing the demand for benefits.
- c) New service economy jobs are anticipated to pay less than traditional manufacturing jobs, reducing the amount paid into the system, thereby reducing revenue to the Social Security Trust Fund by payroll taxes.

### **Proposed Solutions**

- a) Support a thorough national discussion of all strategies to guarantee current obligations and continuous Social Security Trust Fund solvency.
- b) Develop a comprehensive approach to solvency first, including proposals to gradually increase the annual FICA taxable wage cap from \$90,000 to \$140,000; include a transition plan.
- c) Invest the Social Security surplus so it earns higher returns than those offered by U.S. Treasury bonds.
- d) Promote and preserve the ability of individuals to delay retirement by remaining in the workforce beyond age 65.
- e) Make modest, positive adjustments in Trust Fund revenue.
- f) Discourage Congressional efforts to create private accounts that divert money from Social Security payroll obligations.
- g) Preserve the integrity of the Social Security Trust fund with a thorough review of the program.
- h) Ensure that the needs of spouses, children, and people with disabilities are met in relation to the original purpose of Social Security.

- i) Maintain the wage index versus switching to a consumer price index to retain the value of promised future benefits.
- j) Promote personal savings retirement at an early age.

### **ISSUE STATEMENT #2**

For many older adults, income from pensions, Social Security, and personal savings alone may not cover living expenses. This means that many older Americans must continue to **work** beyond the traditional age of retirement in order to maintain a comfortable lifestyle. Increasingly, our economy must prepare itself to accommodate older workers.

#### **Barriers**

- a) Pension programs and regulations are not conducive to alternative work schedules that accommodate older worker needs.
- b) Technology gaps/needs for older workers prohibit advancement and job entry.
- c) Vulnerable groups – women, minorities, and those with a weak attachment to the labor market and those with low educational attainment – often do not have pension programs or personal savings necessary to meet economic needs.

#### **Proposed Solutions**

- a) Enforce and update current state and federal employment laws and policies.
- b) Address the recruitment, retraining, retention, and age discrimination of older workers, including discrimination of set aside funds in the Workforce Investment Act.
- c) Educate employers to help change attitudes about older workers.
- d) Ensure that government and employers offer phased retirement programs, allowing workers to reduce work time on their current jobs at age 62.
- e) Develop and offer older workers more employment options to ensure benefits are not lost or reduced.
- f) Provide training, including current technology, via specialized and supported workshops for older workers at Workforce Investment Boards' one-stop employment centers and other locations.
- g) Use and compile national and state labor market data.

### **ISSUE STATEMENT #3**

The **escalating costs of health care**, and cutbacks in employer-sponsored health coverage for both workers and retirees, make it difficult for workers to plan and pay for major medical costs in retirement.

#### **Barriers**

- a) Employees and older workers cannot afford the co-pays or premium costs.
- b) Insurance policies have too many restrictions and conditions that discourage employers from being able to offer their employees affordable health and long term care benefits.

- c) Consumers often assume that when an older adult needs long term care assistance, they will move to a nursing home, and that the government will pay for their care.

### **Proposed Solutions**

- a) Support and expand efforts to contain the skyrocketing expense of health care, generally, and prescription drug costs, specifically.
- Consider one effective state-based cost savings model – the Rx+ discount strategy now effective in Maine, Michigan and Hawaii
  - Allow Medicare to bargain for drug costs and consider using a central drug purchasing entity.
  - Study reasons why health care costs are rising, such as malpractice, administrative services, and increased demand for care.
  - Provide information that will enable people to make better-informed, cost-effective decisions about their health care and drug choices.
- b) Develop and implement reasonable public policy laws, administrative rules, and guidelines to:
- Regulate prescription drugs that make it illegal to advertise prescription drugs through the media.
  - Patent protection should not be for more than five years.
  - Ensure that quality generic drugs are produced to benefit everyone.
  - Prohibit pharmaceutical company lobbies from giving gifts or incentives to doctors.
  - Cap the costs of drugs.
- c) Hold employers responsible for promised contractual agreements, including for the provision of health care benefits for workers and retirees; revoke the recent ruling by the Equal Employment Opportunity Commission that allows employers to reduce or eliminate promised health care benefits.
- d) Offer small businesses tax breaks for offering health coverage, long term care, and other benefits.
- e) Provide tax deductions for long term care savings accounts, similar to the Michigan Education Trust Fund.
- f) Prioritize Medicare to take precedence over Social Security at this time.

### **ISSUE STATEMENT #4**

**Pensions** remain a critical source of income during retirement for many older Americans. Pensioners (all employees and their spouses) rely on this income, and need protections to ensure that current information, assistance, and access to funds are available during retirement.

### **Barriers**

- a) The high cost of health care and the costs to offer pension plans make traditional defined benefit pensions less available to workers.

- b) Defined contribution plans and 401(k) plans are less expensive to administer, but do not offer as many protections for workers and spouses (particularly widows and widowers) as defined benefit plans.
- c) Retirement planning and the provisions of pension retirement devices are complicated and difficult to understand. In addition, some companies do not explain, in advance, how the company's pension plan works upon retirement. Further, workers do not have knowledge about Social Security benefits in advance of planning for their retirement.
- d) As companies merge, relocate, or go out of business, claiming an earned pension can be very difficult for a worker/retiree.

### **Proposed Solutions**

- a) Ensure that employees can rely on written statements of promised benefit amounts from the pension plan or company representatives, and on benefits received in good faith.
- b) Enable courts to compensate people for misstatements by company officials, delayed payouts, and dismissals to deny pension payments.
- c) Enforce both pension- and employer-sponsored retirement investment plans.
- d) Require companies to notify the government if they move, merge, are acquired, or change their name to end the problem of "lost" pensions.
- e) Institute and improve mandatory notification and tracking of pension- and employer-sponsored retirement investment plans.
- f) Ensure that the federal government has a stronger enforcement role against pension fraud and mismanagement, and can take over the administration of any "orphaned" plan, where the persons charged with running the plan cannot be found.
- g) Require that automatic written benefit statements that show participant fees, reductions taken, worksheets, and work history records be provided to employees.
- h) Pass a Women's Pension Reform Act to protect all workers, including those divorced or widowed, so they receive an equitable share of pension assets for retirement, allowing immediate eligibility for matching contribution pension systems.
- i) Eliminate inequities and inconsistencies in federal, state, and private retirement plans that deny benefits to widow(er)s and divorced spouses; allow divorced spouses a share of benefits earned during a marriage, including survivors' benefits after the employee's death at the earliest age the employee can collect the benefits, regardless if the employee applied for them.

### **ISSUE STATEMENT #5**

All Americans should be offered incentives and education throughout their lifetime that promote **personal investments and savings**.

### **Barriers**

- a) Roadblocks to investing and saving include the rising cost of living, health care, and a lower-paying job market dependent upon the service sector.
- b) Low educational attainment, weak attachment to the labor force, and low earnings contribute to lack of retirement funding.

### **Proposed Solutions**

- a) Change federal and state tax laws to allow non-earned income to be contributed to Individual Retirement Accounts with a lower tax rate.
- b) Require the government to market self-reliance.
- c) Offer more seminars for the general public on investments and savings.
- d) Include investments and savings in family living curricula at all levels.
- e) Ensure that education standards include information about Social Security.
- f) Clarify the responsibility of parents vs. schools for education about savings and investments.
- g) Expand tax laws to promote health care deductions, such as cafeteria plans; eliminate the federal income tax deductible penalty and clarify what expenses are deductible, especially for supportive services.

## **ISSUE STATEMENT #6**

**Consumer protection** is a vital component of a comprehensive approach to preserving the economic security of older Americans. Older Americans are deliberately and disproportionately targeted by financial predators.

### **Barriers**

- a) Technology will continue to challenge seniors to be vigilant to protect themselves against scams, theft, and fraud.
- b) Public policy does not sufficiently define acts of fraud as criminal behavior, nor provide reasonable victim compensation.

### **Proposed Solutions**

- a) Prohibit the use of personal information, such as Social Security numbers, as account numbers, or reference numbers in data banks.
- b) Pursue identity theft remedies through legislation, education, and litigation.
- c) Educate, train, and inform seniors about national and state efforts on fraud, consumer issues, and governmental changes.
- d) Ensure that lending institutions are regulated and prosecuted for predatory practices, such as flipping, equity stripping, and payday lending.
- e) Promote senior-friendly technology through programs, such as tax incentives, education, and good business and consumer practices.

## POST EVENT SUMMARY REPORT

---

**Name of Event: Community – Public Forum**

*Forum addressed WHCoA agenda items “Our Community” and “Social Engagement.”*

Dates/Locations of Events: Two events held in different parts of the state

April 26, 2005 – Troy, Michigan

May 4, 2005 – Saginaw, Michigan

Number of Persons Attending:

163 people in Troy; 99 people in Saginaw

Sponsoring Organization: Michigan Office of Services to the Aging

Contact Name: Shirley K. Bentsen

Telephone #: 517.373.8765 E-mail: [bentsens@michigan.gov](mailto:bentsens@michigan.gov)

---

### **ISSUE STATEMENT #1**

Communities need help with establishing **supportive community living environments** for elders and their families to prepare for the demographic imperative, reduce elder mortality rates, and prevent premature, more costly institutionalization.

#### **Barriers**

- a) There is a lack of sufficient attention paid to safety and walkability through existing codes or ordinances.
- b) Land use issues are complex, not easily controlled, and may compete with livable communities.
- c) There is a lack of planning for livable communities.

#### **Proposed Solutions**

(1) Public and private sector partners should help disseminate, promote, advocate for, and foster statewide best and promising practices that focus on establishing, supporting, developing and replicating livable communities for all ages.

- a) Ensure that models of elder-friendly communities incorporate walkability, individual mobility, adequate transportation resources and accessibility, housing options, social and community supports, access to health care services, and information and assistance resources.
  - Supplement elder-friendly/livable communities with long term care options and basic care options.
  - The aging community must become more familiar with “Smart Growth” and other related initiatives to adequately dialogue about elderly-friendly environments.
- b) Find common ground between urban and rural communities to solve service delivery problems.
  - Direct federal funds for housing to go to both urban and rural areas on an equal basis.

- Develop national and state incentives including, flexible zoning and tax incentives that can be used to make communities work better for seniors, with state government providing one spot where information on this can be obtained.
- c) Find common ground between generations to avoid fighting over scarce resources, to educate younger people about their future, and to plan their futures together.

(2) Public and private sector partners should publicize, distribute, share, utilize, and advocate for efforts directed toward minimizing, reducing or eliminating inherent or emerging barriers to the advancement of livable communities.

- a) Educate and more effectively address the stigma society associates with age/ageism.
- Initiate a national and state campaign to develop and promote a whole new view of aging.
  - Reframe senior housing and other needs and services as economic opportunities for communities vs. an economic drain/burden on communities.
- b) Minimize barriers that serve as impediments toward intergenerational interactions and support of extended families, whether they are biological or fictive.
- Revise codes/ordinances and other barriers in communities that negatively impact safety, walkability, and other attributes of elder communities.
- c) Include elders with ill health under the Americans with Disabilities Act (ADA); ensure that state agency programs are in compliance with ADA requirements.

## **ISSUE STATEMENT #2**

To facilitate **thoughtful, well-informed decision-making** so that older persons and family members have:

- better public and private services information, and
- better access to services.

### **Barriers**

- a) This consumer group is from a generation that is self-reliant and hesitant to ask for help.
- b) There is a lack of collaboration, duplication in forms and intake processes, and fragmentation.
- c) Lack of adequate funding to support and sustain information and access systems.

## **Proposed Solutions**

(1) Communities need help with establishing supportive community living environments for older persons and their families to prepare for the demographic imperative, reduce elder mortality rates, and prevent premature, more costly institutionalization.

- a) Raise public awareness through outreach so members of the community can recognize the need for information and assistance available.
  - Place services information for baby boomers and family caregivers on websites as they are increasingly using the Internet as their main source of information.
- b) Work to strengthen the infrastructure for the delivery of information, services and products to older adults.
  - Encourage the development of Single Points of Entry/Aging Development Resource Centers (SPE/ ADRC), including 211 systems.
  - Use skilled youth (high school students) as intergenerational technology trainers.
  - Increase the availability/accessibility of culturally appropriate information (i.e. ethnicity, disability, and gender) and programs.

(2) Public and private sector partners should promote current, emerging, and innovative approaches that effectively facilitate ease of access and accommodations (Americans with Disabilities Act intent) to services, regardless of who seeks the service and where they first begin to search for services and resources to match their particular needs.

- a) Increase collaboration between public and private community service providers for information and assistance.
- b) Tailor access of programs available to the larger community so they reach and are acceptable to older adults, such as mental health, substance abuse, HIV/AIDS.

## **ISSUE STATEMENT #3**

Increased resources, coordination, and accessibility are needed for elders to capably **move around in their immediate home environment and be able to travel** where they need to go.

## **Barriers**

- a) Lack of adequate funding for transportation systems.
- b) Lack of attention to safety, walkability, and ethnic differences through codes and ordinances.
- c) Mass transit is unavailable in some communities.

## **Proposed Solutions**

(1) Public and private sector partners should work in their respective communities to promote integrated regional transportation systems that are available when needed; accessible/reachable to persons with limited mobility; acceptable for clean and safe use; and affordable and adaptable to accommodate persons with special needs:

- a) Make increased funding for public transportation a top priority.
  - Change Medicare Law as it relates to non-emergency transport.
  - Educate public and legislature about importance/value of public transportation; design a public awareness campaign that makes people more comfortable using mass transit.
  - Policy and planning bodies at local/state/federal levels need to address issues of liability, regulation, turf, and equitable distribution of funds.
- b) Promote accessible transportation in intergenerational communities that will accommodate all people regardless of where they want to go.
- c) Provide funding for the 511 Program - a public transportation scheduling system (One Call Transportation Help).

(2) Public and private sector partners should work in their respective communities to promote better access to affordable environmental modifications, supportive devices and mobility equipment to promote reasonable accommodations, and maximize freedom of movement and participation within an individual's community:

- a) Personalize services to fit boomer/disabled need – door through door, keep up with new personal mobility technology and safety issues (in public transportation).
  - Promote public/private efforts to provide “door through door” transportation resources.
  - Promote issue of accessibility and livability for all citizens in mobility/transportation policy.
  - Create more incentives for public/private ventures, such as mobility resource centers.
  - Promote more effective and applied use of technology, utilization, and distribution of more affordable supportive devices and mobility equipment.
- b) Educate, promote, and replicate older driver program models using a dedicated source of revenue, such as driver registration fees.
- d) Revise zoning laws and regulations to focus on and accommodate public transportation and personal mobility.

#### **ISSUE STATEMENT #4**

Older adults and their families need more options for retaining, rehabilitating or securing **decent and affordable housing** with supports to adequately meet their needs.

#### **Barriers**

- a) There is a lack of awareness of available in-home supports.
- b) There is complexity in developing and coordinating multiple funding streams and subsidies to successfully develop affordable assisted living environments.
- c) Increasing need and demand for senior home repair far exceeds the capacity of existing programs.

## **Proposed Solutions**

(1) Public and private sector partners should work together to increase the availability of more affordable, decent housing, with community supports for older consumers and persons with special needs for those living in their own homes, apartments, or residential communities.

a) Ensure that senior residential developments have access to adequate home and community-based support services capable of supporting successful aging in place.

- “Community Development Block Grant” funding should not be reduced.
- Expand funding for home repair, fall prevention, and home safety modification.
- Encourage flexibility in housing, with service arrangements that support consumer choice and “money follows the person.”
- Increase funding for home and community-based housing assistance/advice/modifications.
- Encourage more intergenerational housing so seniors can remain in their homes longer.

(2) Public and private partners should work together to increase public access to information about preserving, modifying, adapting, restoring, developing, and improving consumer’s own homes and apartments, as well as residential and retirement communities, to make them more affordable, adaptable, and livable for families and persons with special needs.

a) Conduct a public awareness campaign to increase the understanding of economics of aging and in addition to the medical/social components of aging as it relates to housing for seniors.

- Disseminate more targeted information about housing choices available to seniors.

(3) Increase access to technical assistance/information necessary for developing affordable housing with community support for seniors; add to curricula for architecture buildings, such as zoning and construction codes.

## POST EVENT SUMMARY REPORT

---

### **Name of Event: Health & Aging – A Public Forum**

*Forum addressed WHCoA agenda item “Health & Long Term Living.”*

Date of Event: April 27, 2005

Location of Event: Detroit, Michigan

Number of Persons Attending: 149 people

Sponsoring Organization: Michigan Office of Services to the Aging

Contact Name: Shirley K. Bentsen

Telephone #: 517.373.8765 E-mail : [bentsens@michigan.gov](mailto:bentsens@michigan.gov)

---

### **ISSUE STATEMENT #1**

Dr. William Thomas, a geriatrician who specializes in positive elderhood, has said that seniors in some nursing homes suffer from three diseases of the heart: loneliness, helplessness, and boredom. These three problems have, in the past, put **nursing homes** in a bad light. Dr. Thomas' research has shown that the more like a home a nursing facility can become, the more positive the residents become.

### **Barriers**

- a) Standards and benchmarks would be required to ensure that care is consistent across the state and country.
- b) There is a high initial cost to move toward more integrated care.

### **Proposed Solutions**

- a) Provide incentives (financial and regulatory) to long term care facilities to adopt culture change methods, (such as the Eden Alternative, Green House, Gentle Care, LEAP, Live Oak Regenerative Community and person centered planning) designed to meet consumer demands for holistic, integrated long term care services based on a social model of service delivery.
- b) States should support the adoption of innovative methods of culture change (such as through Medicaid licensing requirements) in long term care facilities.
- c) Salaries and benefits of direct care workers should be brought up to the living wage to ensure a future direct care workforce exists to meet the increasing demand for services. Recruitment and retention of workers and creation of para- and professional career ladders must be included in this initiative.
- d) Provide training for front line staff on handling dementia and behavior problems, culture change, and staff empowerment, so that direct care workers in institutions can understand what it is like to “be a resident in the nursing home you work in.”
- e) Direct care worker training curricula should include an internship prior to becoming certified, or beginning a job.
- f) The Home/Community Based Waiver Program should be included as an entitlement under Medicaid, the same as nursing home payments are.

### **ISSUE STATEMENT #2**

Most information and assistance services do not currently have information that would help a client make **informed decisions about long term care** services and facilities. Consumers receive information from a variety of sources, many of which may not be current and accurate.

### **Barriers**

- a) Creating and maintaining an up-to-date database is difficult.
- b) Logistics/demographics: do all areas operate the same?

### **Proposed Solutions**

- a) Establish Single Points of Entry/Aging and Disability Resource Centers (SPE/ADRC) to inform and educate the public about long term care planning, options, and services to facilitate informed decision-making; they should cover the needs of all Michigan citizens needing assistance with long term care services.
- b) The Single Point of Entry entity should include the following elements:
  - A single statewide toll free phone number that is geo-coded to ring to the correct agency. SPE/ADRC service must be available 24 hours per day/7days per week to deal with emergency situations.
  - Use a triage approach to work with potential clients.
  - Clients should receive supports coordination as they move through the system. In the event this continuity of care is interrupted, previous clients should be reinstated as quickly as possible.
  - SPE organizations cannot be direct long term care service providers. Care management (to be called “supports coordination” in the future) is not considered a direct service.
  - Services should be standardized so that all SPE/ADRC’s provide consistent information and standard process protocols exist across the program.

### **ISSUE STATEMENT #3**

Seniors are hit with an abundance of **health and wellness messages** everyday. There is currently no coordinated effort to help them understand how to evaluate the messages, determine which ones apply to them, and how to put them into action. Many seniors feel a disconnect between medical advice and lifestyle advice.

### **Barriers**

- a) Health care providers do not routinely take the time to educate patients on the importance of healthy lifestyles and how they can achieve them.
- b) Reimbursement for healthy lifestyle counseling is non-existent, or inadequate.
- c) There are mixed messages about healthy lifestyles in the media.

### **Proposed Solutions**

- a) Federal and state agencies should provide funding dedicated to developing tools for healthy lifestyle education for use by agencies and groups that serve seniors and disabled persons.
  - Conduct multi-media campaigns to promote healthy lifestyles. These campaigns should be culturally appropriate, specifically addressing the language and cultural needs of diverse groups and provide service availability, information resources through a variety of information delivery methods.
  - Recruit retired professionals to do the teaching through intergenerational activities.
  - Encourage colleges and universities to do more research exploring health and wellness issues for seniors, using seniors as the research subjects.
  - Integrate into the 211 system.
- b) Locate and/or develop health education materials in diverse languages and which reflect cultural differences.

- c) A public/private partnership initiative should be undertaken (including faith based groups) to promote and encourage education and adoption of healthy lifestyles.

#### **ISSUE STATEMENT #4**

When faced with a medical decision, seniors may not have all the information and resources they need to **make informed decisions about treatment options**. In some cases, the medical providers may advocate for treatment options that they are more familiar with, rather than what the patient may want.

#### **Barriers**

- a) Medical providers do not have time to stay current on all treatment/care options for all conditions.
- b) Medical care providers do not have time to educate and answer questions for patients. Follow-up appointments for education are not covered under insurance, and clients may not likely pay out-of-pocket.

#### **Proposed Solutions**

- a) Managed health care systems should partner with AAA's and the aging network to provide home and community supports to better serve chronically ill older adults. This partnership will promote medical compliance and involvement in health lifestyle change programs in the community.
- b) Federal and state government should require insurance companies to reimburse medical professionals (and medical office staff) who receive specialized education in geriatrics, dementia, and long term care services.

#### **ISSUE STATEMENT #5**

Physicians, nurses, home health aides, social work, mental health, and other professions who serve older persons may not have a basic **understanding of the aging process**, and how it affects the physical, mental, emotional, and social well-being of older adults.

#### **Barriers**

- a) Curricula for physicians, nurses, home health aides, social work, mental health, and other professions are already very full with other information.
- b) There are limited benchmarks or standards for what information is needed by each of the medical professions.

#### **Proposed Solutions**

- a) Service standards should be developed for persons who serve older persons to promote models of proactive aging.
- b) Require aging service providers using state and federal funds to obtain continuing education hours each year dedicated to on aging focused physical, emotional, mental, social, and spiritual development and well being. This training should include:
  - cultural competency, and education on ageism.
  - promotion of models of proactive aging
  - the team approach in diagnosis and treatment
- c) Incorporate and strengthen specialty geriatric education into curricula for physicians, nurses, home health aides, social work and other professions that serve seniors.
- d) Encourage professional organizations to make access to professional journals and professional associations easier and more affordable.

### **ISSUE STATEMENT #6**

Consumers, family members and caregivers need to understand their own **medical records**, and alternatives available to give permission for medical information to be released (while still protecting privacy) to others. Among many topics to be understood are issues around medical alert bracelets, bar code access, electronic health records and myriad privacy issues and how to communicate this information to the public.

#### **Barriers**

- a) There is a lack of acceptance among medical providers
- b) There is concern by the general public about privacy issues.

#### **Proposed Solutions**

- a) Family members and caregivers need access to critical health information to assure appropriate care for their loved ones.
- b) Consumers need access to individual medical records in a variety of forms such as paper, electronic, etc.
- c) A system of checks and balances needs to be implemented so that HIPAA policies and procedures can be clearly interpreted and consistently applied across health systems.
- d) Provide financial incentives for health providers to convert to electronic record systems.

### **ISSUE STATEMENT #7**

To make informed choices, information on all aspects of long term care services and facilities is essential. People need to have a report card of critical and **quality of care indicators**. Data needs to be easily accessible, and address issues that are important to consumers.

#### **Barriers**

- a) Development time and cost.
- b) Cost and personnel time to rate facilities and services.
- c) May be difficult to determine what benchmarks to use for each service and/or facility.

#### **Proposed Solutions**

- a) State and federal governments need to educate residents/caregivers about how to report inferior quality services and poor service choices within the community. This data should be used to by policy makers to effect quality improvements.
- b) Develop standardized quality of care indicators, using the Health Plan Employer Data and Information Set (HEDIS) model, for long term care services and communicate these indicators to the public so that providers and consumers can make informed choices when choosing providers or referring patients to other providers.

### **ISSUE STATEMENT #8**

The **cost of medical care in the United States** is growing at an uncontrollable rate. Because of this, more and more Americans are becoming uninsured, or under insured. This places the burden on the taxpayers and businesses, in a variety of ways:

- Uncompensated care for the uninsured in the U.S. in 2001 cost \$35 billion.
- Uninsured people have poorer health and shorter life spans – these problems for Americans under age 65 cost society \$65-130 billion annually.
- on the emergency room, we ALL wait longer when we go to the emergency room.
- Prescription drugs cost almost twice as much in the U.S. as in other advanced nations.
- Businesses are increasingly shifting health care costs to employees; more employees cannot afford it, which increases the number of uninsured.

### **Barriers**

- a) Medical insurance companies do not support universal health care.
- b) Universal health care may not address the issues of lack of access to and disparities in health care.
- c) There is no agreement in the political arena about how to set up such a plan.

### **Proposed Solutions**

- a) Mandate universal basic health care coverage for all legal residents of the U.S. Basic health care coverage should include and reimburse for primary care, hospitalization, and prescriptions, as well as wellness programs, behavior change classes, preventive services, and chronic disease management programs.
- b) Create a system that:
  - Provides more regulation of insurance companies, creating a large risk pool of coverage for all persons.
  - Creates new or expands current purchasing pools for small employers.
  - Creates public/private partnerships as a funding mechanism.
  - Allows greater flexibility so states can extend Medicaid coverage.
  - As a first step toward a national health care system, implements a national catastrophic health care program that maximizes the size of the risk pool to drive down costs, limits waiting lists, contains costs, increases efficiency, and enables the purchase of long term care insurance.

### **ISSUE STATEMENT #9**

About 95% of Michigan Medicaid nursing facility and MI Choice waiver clients are dual eligible (eligible for Medicaid and Medicare). The **inadequacy of the Medicare long term care benefit** places a huge financial burden on states. About 70% of all long term care is funded by Medicaid, compared to 10-15% of other kinds of care (hospital, physician).

### **Barriers**

- a) Increased stress on community health centers and emergency departments.
- b) Administrative burdens and delays are created by Medicaid managed care.

### **Proposed Solutions**

- a) Medicare, Medicaid, and private insurance should reimburse all chronically ill patients needing a coordination of services in order to prevent or delay nursing home placement.
- b) Title XIX of the Social Security Act should be changed so that community based long term care can also become an entitlement under Medicaid, as is nursing home care.
  - Title XIX of the Social Security Act should be changed so that the “money follows the person” system can be implemented thereby allowing consumers to choose lower cost Medicaid LTC services.
  - “Title XIX of the Social Security Act should be changed so that other services such as home healthcare can be included as an entitlement under Medicaid.
- c) Create a pre-tax, payroll deduction funded long term care insurance pool for individuals.
  - Authorize purchase of long term care insurance under medical savings accounts.
  - Explore expanding Medicare to include long term care insurance.